

HEALTH VISION

TURNING IDEAS INTO REALITY

JUNE 1992 • VOLUME 1 • ISSUE 2

CANADIANA

JUN 30 1992

HEALTH AGENCIES FORUM

From Independence to Interdependence: Working Together for Quality Health in Alberta

On Friday, May 8, 1992, the inaugural meeting of the Health Agencies Forum was held at the Edmonton Holiday Inn Crowne Plaza. This historic and unprecedented assembly of health agency board members, chief executive officers, and service representatives participated with officials from Alberta Health to reaffirm the commitment of partnership among health providers and government. The forum was organized by Sharon Kalinka, Executive Director of the Health Unit Association of Alberta, and Michael Higgins, Senior Vice-President of the Alberta Healthcare Association.

In total, over 120 registrants participated in the forum and provided thoughtful and productive comments to help determine the future system of health in Alberta.

The day began with an address by the Honourable Nancy J. Betkowski, Minister of Health. The Minister voiced

the desired and inevitable need for fundamental changes to occur within the health system in order to maintain the quality of care expected by Albertans.

Cecilie Lord, Assistant Deputy Minister, Alberta Health, outlined the Vision for the health system, guiding principles, and strategic directions. She was followed by a presentation by Aslam Bhatti, Assistant Deputy Minister, Alberta Health, on the emerging fiscal realities facing the health system.

Don Philippon, Associate Deputy Minister of Health, presented an overview of the Role Statement Process and detailed the expectations of the health system during the transition.

The remainder of the forum was devoted to small-group discussions that focused on the two major objectives of "Clarifying The Vision" and "Building the Process". The first workshop provided the participants an opportunity to discuss Alberta Health's Vision for the future of the health system and further refinement in terms that provide direction for health care providers at the local level.

Building upon the progress of the first group discussion, participants in

the second workshop session examined and discussed process options. They also provided guidance to local health service providers to assist in the achievement of the Vision.

Following the reporting-back period, a brief plenary session took place to establish the next steps required to ensure the goal of "Healthy Albertans in a Healthy Alberta".

HEALTH VISION

Health Vision is a newsletter developed to inform you about the progress of the Role Statement Process and health reform within Alberta.

**A ROLE STATEMENT
is a description of
what an organization
is funded for, what it
is expected to do,
and what it will be
held accountable for.**

Alberta
HEALTH

INSIDE THIS ISSUE

MINISTER'S MESSAGE ..2

FISCAL REALITIES4

VISION FOR THE
HEALTH SYSTEM IN
ALBERTA7

A MESSAGE FROM

The Minister of Health

I was pleased to participate in the Health Agencies Forum on May 8th in Edmonton, sponsored through a new and historic partnership of health associations. That meeting was a very important step in moving us toward a more integrated and collaborative health system. At that forum, I outlined new expectations for the Role Statement Process. It is important that you and your organization be aware of and understand these expectations.

At their most recent meeting, Canada's First Ministers directed their health ministers to accelerate the process and achieve basic reform in the Canadian health system. This reform builds on and respects the principles of the Canada Health Act, but must also ensure that the resources allocated for health are used in the most effective and efficient manner possible.

Our responsibility to this and future generations of Canadians is to develop a health system that ensures effective use of resources, and access to a spectrum of health services. We must also place a greater emphasis on health promotion and disease prevention. Each province must focus on its own health system with vigour and determination to bring about the necessary changes. I need, and Albertans need, your expertise and leadership in this reform effort. You have an opportunity to define the future.

The economic situation in Canada



▲ Health Minister Nancy Betkowski

and in Alberta add still greater urgency to our reform process. We don't have the luxury of time we once thought we had. The fiscal strategy to manage the projected \$2.3 billion deficit, was announced by the Provincial Treasurer in April. It involves legislated spending limits for government and the need for a fiscal correction in overall levels of spending.

This strategy cannot be achieved without major steps being taken throughout the health system. At best, I think we can expect a flat spending level for the health system over the next four to five year period.

Flat spending has enormous implications for the health sector because it means that the overall dollars we have today will be the same as what we will have in 1996-97. We all know, how-

ever, that there will be new pressures and areas where growth and expenditure must occur in order to sustain and revitalize our health system. To allow for these adjustments within an overall constant level of spending, there will have to be major reallocation of dollars. Reallocation means there will be reductions in some areas to allow for growth in others.

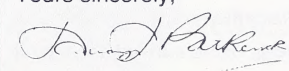
As Minister of Health, I believe that to achieve our new vision of health and the necessary reallocation of dollars, we must address the many issues from an integrated, multi-sector approach. No longer can we deal with issues on a program-by-program or an individual community basis. We must take steps now to move toward area-wide, multi-sector networks to plan and/or manage health services in Alberta.

I have indicated on many occasions that I am committed to a collaborative approach in arriving at fundamental change in our system. I believe we must now work together to define the appropriate area planning networks for this province. This is quite unlike the approach taken in several other provinces, where governments have either not attempted or already given up on a collaborative approach and have imposed new regional structures. I still believe Albertans will be best served by us working together. If however, the collaborative approach does not result in fundamental change, government



may need to consider other more prescriptive options. I will be reviewing progress by November to determine whether another course of action is necessary. My expectations are that by October of this year, interim area-wide planning networks will be identified. Participants in these networks will then be asked to provide advice to me on future roles for the organizations in the area, and on proposed structural changes which will define the nature of the health system of the future. I will also be asking you for advice on how we can meet financial targets.

Fundamental changes will occur in the structure of our health system over the next three years. The status quo is not an option. At the end of three years, I would expect that there would be significantly fewer separate hospital boards, long term care boards and health unit boards. New structures will emerge, and this will be determined, as much as possible, by your efforts at the local level. As a health system we will need to demonstrate some financial results in 1993/94, and have the elements in place for the initial restructuring of our system in fiscal 1994-95.

As Minister of Health, I recognize that our challenges are immense, and our time to take action is very limited. As a government, we are committed to making the tough choices. It is our obligation to this and future generations of Albertans. I look to 1992 as a year of opportunity, during which we can jointly determine the future course of the health system. 

Yours sincerely,

Nancy J. Betkowski
Minister

Multi-Sector Role Statement Coordinating Committee

The Multi-Sector Role Statement Coordinating Committee was formally established in early spring of this year and met for the first time on March 18, 1992. This Committee, chaired by the Associate Deputy Minister, Donald J. Philippon facilitates direct communication among the sector committees involved in the Role Statement process and the Role Statement Association

Forum by:

- developing common principles of approach to guide the role statement process;
- collaborating in the implementation of the vision for the health system; identifying opportunities for linkage and collaboration among health sectors;
- promoting integration between the

sectoral role statement activities and related initiatives;

- resolution on intersectoral role statement issues.

The Multi-Sector Role Statement Coordinating Committee has met formally on three occasions and are currently involved with establishing guidelines and operating principles for interim planning networks.

MULTI-SECTOR ROLE STATEMENT COORDINATING COMMITTEE MEMBERSHIP

Donald J. Philippon, Associate Deputy Minister, Alberta Health (Chairman)
David Kelly, Alberta Health; Dick Alvarez, Alberta Health; Frank Langer, Alberta Health; Steve Petz, Alberta Health; Cecilie Lord, Alberta Health; Bernie Doyle, Alberta Health; Vivian Lai, Alberta Health; Dr. Donna

Radmanovich, Alberta Medical Association; Jean Smith, Alberta Association of Registered Nurses; Sharon Kalinka, Health Unit of Alberta; Mike Higgins, Alberta Healthcare Association; Rich Bayly, Alberta Long Term Care Association; Ron LaJeunesse, Canadian Mental Health

Association/ Mental Health Strategic Planning Committee; Gordon Kerr, A.C.F.P. Hospital Role Statement Working Committee (COTHA); Paul Rushforth, Long Term Care Role Statement Committee; Dr. Brent Friesen, Health Unit Accountability Task Group. 

Fiscal Reality: A Health Perspective

The 1992/93 budget for Alberta Health marks a significant shift from the historical pattern of increases in health expenditures. Over the last 12 years, increases in health expenditures have averaged about 15 per cent per year compared to the current 1992/93 increase of 4.2 per cent. The 1992/93 year is a transition year. Increases of the magnitude of the current fiscal year are not likely in subsequent years.

As the chart shows, expenditures since April 1981 to the present fiscal year, increased by 178 per cent al-

though population and prices during the same 12 year period increased by 17 per cent and 66 per cent respectively. To put it another way, health expenditures in 1981 accounted for 20 per cent of government expenditures on programs whereas health expenditures for this fiscal year will account for 30 per cent of government program expenditures. (See Program Expenditures pie chart.)

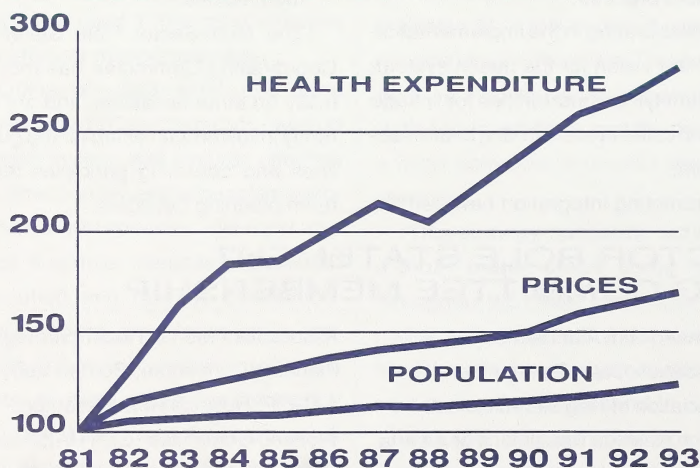
The significant fiscal realities we face today cannot sustain past historical expenditure growth for health serv-

ices. The need to focus on the organization of the health system and quality of care provided is essential.

“This budget also sets out for Albertans the magnitude of the fiscal problem we currently face together.”

**Budget Address
April 13, 1992**

**INDEX OF HEALTH EXPENDITURE
LEVEL CHANGES
1981 = 100**



▲ This chart shows that health expenditures have risen 178%, prices 66% and population 17% over the same period of time.

The 1992/1993 budget tabled by the Provincial Treasurer on April 13, 1992, reflects a year of transition. Alberta Health was fortunate to receive an increase of 4.2 per cent considering the provincial revenue base. The 1992/93 government expenditures exceed revenues by 20.8 per cent or \$2.3 billion.

The Provincial Treasurer, in his budget address, stated “tough choices lie ahead as we move to restore fiscal balance over the business cycle”. Briefly, to restore fiscal balance over the medium term there will be expenditure limits, revenue growth and fiscal correction. Increases in program expenditures will be limited to 2.5 per cent in 1992/1993; 2.25 per cent in 1993/1994 and 2.0 per cent until 1996/1997. This expenditure pattern and the projected 6.0 per cent average revenue

growth does not balance. The shortfall between revenues and expenditures will be \$1.1 billion. A fiscal correction of approximately \$275 million in each of the four fiscal years beginning in 1993/1994 is required to balance the budget by 1996/97.

In reality, the fiscal correction approximates the proposed expenditure level increases. Thus, the requirement is for the total government expenditures to remain flat for the next four fiscal years. What does this mean for Health?

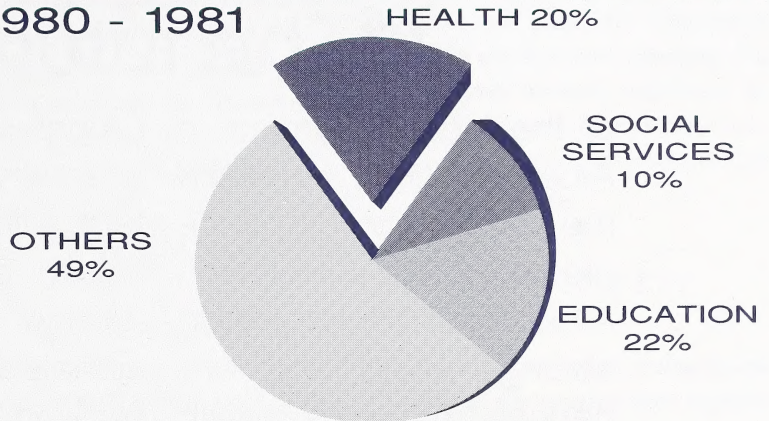
“...this government, together with Albertans, will have to make difficult choices to bring spending in line with revenue”.

Budget Address
April 13, 1992

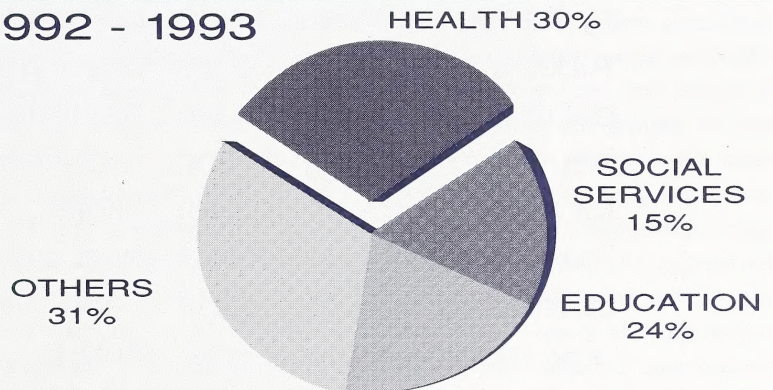
Health represents a significant portion of government program expenditures at 30 per cent and is the largest component of the social sector expenditures that account for 70 per cent of government program expenditures. The social sector includes the departments of Education, Advanced Education, Family and Social Services and

PROGRAM EXPENDITURES MAJOR SECTORS

1980 - 1981



1992 - 1993



▲ This chart shows that Health's proportion of government program expenditures have increased from 20% to 30% from 1980/81 to 1992/93.

Health.

To meet the historical expenditure patterns of the social sector and balance the budget on the current revenue base, virtually all of the remaining departments would have to be closed.

It is evident that Health has to participate in the medium term strategy by at least its proportionate share of the budget. And that means that the budget

for Health will remain flat for the next four years. All additional requirements for volume growth, prices, new technology and procedures, and reallocation within the health programs will have to be absorbed from the existing base budget. For the health system to absorb these items, we must address the effectiveness and quality of services provided. ■

THE VISION

“The future

of the Health System in Alberta will be one in which the commonly held principles of health care which Albertans cherish will be strengthened and enhanced. Alberta's health system will strive to keep Albertans healthy and independent in their own homes and communities for as long as possible, yet have reasonable access to leading edge technology, medical procedures, professional expertise and drugs whenever treatment is required. The health system will be better managed, and adequately funded. All health professionals and organizations will work together in a spirit of cooperation and collaboration. Hospitals, health units, long term care facilities, mental health clinics, health services, and volunteer organizations will provide a continuum of high quality health services. ”

FOR THE HEALTH SYSTEM IN ALBERTA

FIRST

THE VISION

The Vision for our future health system has emerged gradually over the past three to four years, and is built upon the extensive consultation that occurred with Albertans during the preparation of the Rainbow Report; **The Report Of The Premier's Commission On Future Health Care For Albertans (1990)**.

The overall Mission for the health system as recommended by the Commission, "Healthy Albertans in a Healthy Alberta" was accepted by the government. It reflects the expectation that all Albertans strive for "healthy people in a healthy province". Inherent in this mission statement is the recognition that people come first, but that people cannot achieve health, unless the province is also healthy. The importance of the links between health, prosperity and the environment cannot be overlooked.

The Vision Statement that is summarized here is an extract from a more detailed statement provided in the government's response to the Rainbow Report; **Partners In Health**

The first statement of the Vision, *"The Future of the Health System in Alberta will be one in which the commonly held principles of health care which Albertans cherish will be strengthened and enhanced"*, reflects an on-going commitment to the principles of the Canada Health Act.

SECOND

"Alberta's health system will strive to keep Albertans healthy and independent in their own homes and communities as long as possible, yet have reasonable access to leading edge technology, medical procedures, professional expertise and drugs whenever treatment is required", recognizes that the ultimate objective of the health system is to keep Albertans out of the health care system and as independent as possible in their own homes. Included is the acknowledgement that when health care is needed, Albertans should have reasonable access to appropriate, professional expertise and treatments.

THIRD

The next statement, *"The health system will be better managed, and adequately funded"*, recognizes the need to focus on more effective management of the system and the need for adequate funding.

FOURTH

Finally, *"All health professionals and organizations will work together in a spirit of cooperation and collaboration. Hospitals, health units, long term care facilities, mental health clinics, health services, and volunteer organizations will provide a continuum of high quality health services"*, reflects that the health system consists of many components that have worked side by side in the past but not necessarily together. The health system of the future relies on all health professionals, agencies, and organizations working together in a spirit of collaboration.

Guiding Principles To Implement The Vision

To assist in operationalizing this ambitious vision, a set of guiding principles has been established:

- **People** - people are the focus of the health system
- **Choice** - free, voluntary, individual choice — personal responsibility —

duty to others

- **Change** - inevitable and desirable — to be managed, to accomplish our mission and vision
- **Decisions** - most effective — least intrusive
- **Opportunity** - available to all, to maxi-

mize health

- **Partnerships** - respect and collaboration

The last one, "Partnership", was recently added as a result of discussions at meetings with the Role Statement Association Forum.

Strategic Directions For Change

Alberta Health has adopted six Strategic Directions that are deemed necessary to achieve the Mission and Vision and to bring about the fundamental changes required in the health system. These strategic directions are not unique to Alberta.

They reflect the major themes that emerge from the major Health Commission Reports that have been completed across the country in the past few years.

Although these reports vary in comprehensiveness and emphasis, they are remarkably uniform in their conclusions and recommendations regarding broad directions for change. The six directions adopted by Alberta Health are therefore similar to directions adopted by other provinces and the territories.

1. Effectiveness

The provision of a health system which is appropriate and affordable hinges on accountability at all levels. Health programs and services delivered that are funded by Alberta Health should be effective. They must contribute to the improved health of Albertans.

This strategic direction reflects a commitment to the health of Albertans, quality service delivery, and accountability.

Examples of key Alberta Health initiatives to enhance effectiveness are:

- Health Goals and Objectives for Alberta
- National Population Health Survey
- National Health Information Council/Institute
- Management Information System
- Health Services Research and Technology Assessment
- Health Services Research and Innovation Fund

2. Access to Health Services Continuum

Health services must be accessible and offer appropriate choices among the spectrum of services.

This strategic direction is intended to place the patient/

consumer at the centre of the service network, and to make the health service system as accessible, and seamless as possible. The key objective is independence.

Examples of key Alberta Health initiatives to enhance access are:

- Expansion of comprehensive home care services to persons under the age of 65
- Health facility/health unit partnership initiative
- Enhanced palliative care funding
- Increased focus on ambulatory care funding (acute care funding plan)
- Native Health Strategy

3. Health Promotion and Disease/Injury Prevention

Awareness and understanding of how to remain healthy and how to improve our health are essential.

Albertans need to increase their understanding of how to remain healthy and what individuals, industry and communities need to do to improve their health status.

Examples of key Alberta Health initiatives to enhance health promotion and disease/injury prevention are:

- Health Promotion Strategy
- Heart Health Initiative
- Breast Screening Program

4 Fiscal Resource Management

The future of Alberta's health system depends on the management of fiscal resources.

This strategic direction emphasizes that the high standards of care that Albertans have come to expect relies on the more effective use of fiscal resources.

Examples of key Alberta Health initiatives to enhance the fiscal resource management are:

- Acute Care Funding Plan
- Physician remuneration review
- Strategies to manage drug costs
- Diagnostic services review
- Ambulatory care/independent facilities review

5 Human Resource Management

Health human resources significantly influence the quality and accessibility of health services, as well as expenditure of available funds.

Collaboration with employer organizations, unions, professional organizations, educators and other government departments is essential to provide cost effective quality services.

Activities in this area are increasing in number, scope and importance. Human resources represent up to 80% of budgets and there is a recognition that this area requires national as well as provincial strategies.

Examples of key Alberta Health initiatives to enhance human resource management are:

- National Physician Resource Strategy (Barer-Stoddart Report)
- Government as a partner in Provincial Nursing Action Plan
- Health Human Resources Strategic Plan for Alberta

6 Health System Organization


While adhering to the legislative framework and overall direction and standards provided by the government, the health system must have capacity to accommodate the changing health needs of Albertans and their communities.

This strategic direction above all others, is central to the Role Statement Initiatives currently under way.

Examples of key Alberta Health initiatives to enhance health system organization are:

- Role Statement Initiative
 - Acute Care hospitals
 - Long term care facilities
 - Health units
 - Mental health system

SUMMARY

The task of government, health agencies, and service providers is to blend the Vision with reason and courage, while remembering the commitment to promote those things which make a difference to the health of Albertans. It is recognized that much more detailed work has to occur to translate the Vision into meaningful action in the health facilities and communities of Alberta. That is the challenge for all Albertans, taking this Vision and translating it into a new reality for all. 

Role Statement Process New Expectations

The Role Statement Process began several years ago as part of the Acute Care Funding Plan. The process was developed as a mechanism to promote sharing of programs and services among hospitals and to deal with "inappropriate" duplication and gaps in service. Since then, the process has been expanded to include the long term care facilities, health units and mental health sectors.

Fiscal 1992/93 Is A "Year Of Opportunity" For The Health System

As a result of the recent provincial budget, a new urgency has been given to the process as a vehicle for financial reallocation (between the sectors) and reduction.

1992/93 is a "year of opportunity" for the health system. A year in which health service organizations, professional associations, and government can work jointly to determine the future course of the health system. Reductions in health system expenditures will be necessary in 1993/94, and it is expected that fundamental structural change will occur in 1994/95.

Understanding these budget expectations, health units, mental health, long term care facilities and acute care hospitals are now developing generic role

statements and promoting linkages among the health sectors. Their activities are being coordinated by the Multi-Sector Role Statement Coordinating Committee (see Multi-Sector Article on page 3), with representation from the major health service associations and senior officials of Alberta Health. The most important aspects of the Coordinating Committee's mandate are to develop principles to guide the role statement process, guidelines for interim area-wide planning networks, and the resolution of role statement issues between the sectors.

Three Major Expectations Of The Planning Networks

There are three major expectations of the interim area-wide planning networks:

- 1) To develop proposals for role and program changes of health organizations in the area (April 1993).
- 2) To recommend the most appropriate ongoing planning mechanism and structural changes for the area (April 1993).
- 3) As part of above, advise government of how multi-year financial targets and health needs can be best achieved (April 1993).

Once the interim planning networks have been established, multi-Sector

role statement discussions will begin at the local level through the planning networks by no later than mid-October 1992. Each interim planning network will be provided with a specific financial reduction target by November 1992.

Timetable Of Expectations

September 1992

Health organizations will identify Interim Planning Networks.

October 1992

Establish steering committee.

October 1992

Interim Planning Networks will begin Role Statement discussions.

November 1992

Alberta Health will provide multi-year financial targets to each network.

April 1993

Proposals will be developed for role and program changes in the networks.

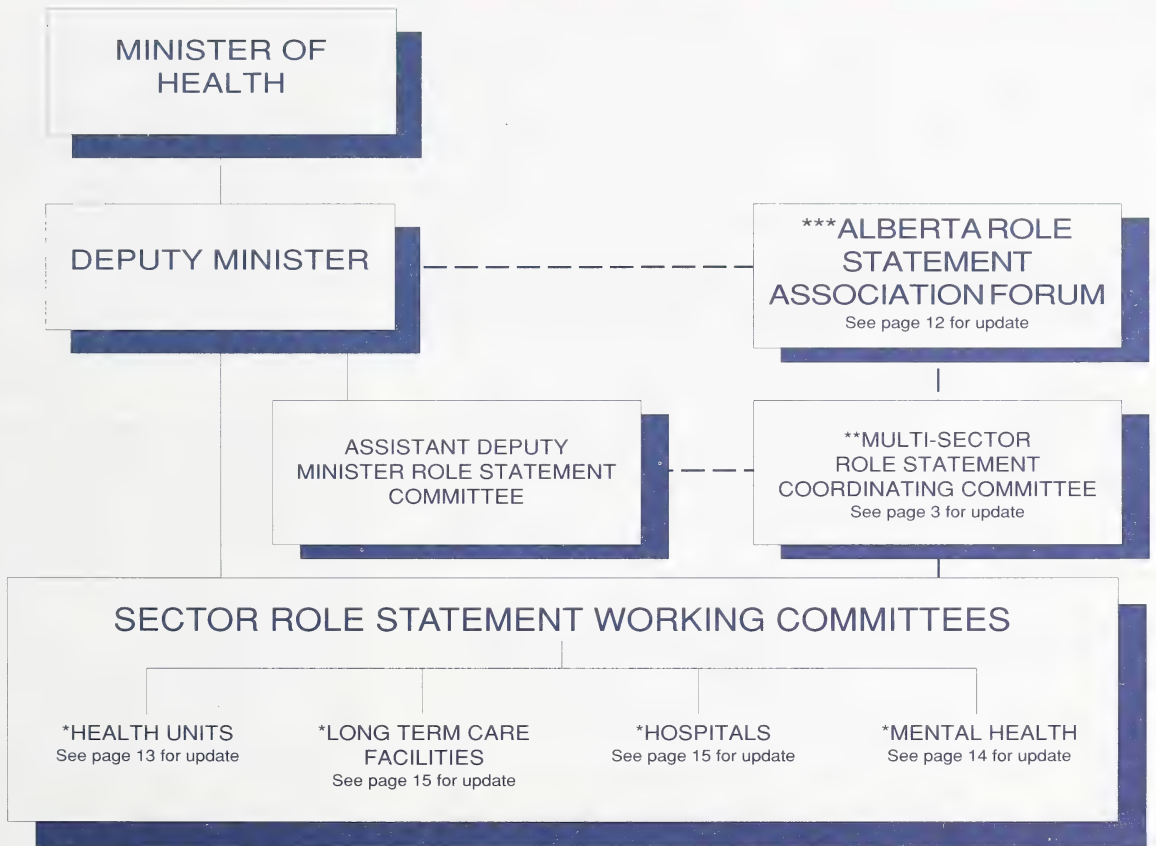
April 1993

Networks will advise Alberta Health on how health needs and financial targets can be best achieved.

April 1993

Networks will recommend to Alberta Health the most appropriate ongoing planning mechanism and structural changes for the area.

COORDINATING STRUCTURE FOR MULTI-SECTOR ROLE STATEMENT DEVELOPMENT IN ALBERTA



* Each committee has responsibility for managing a cross-sectoral consultation process to develop role statements for service providers in that sector.

** Purpose: to develop common principles of approach and a common conceptual framework

*** Purpose: to exchange information on the role statement process and to facilitate collaboration and issue resolution

Role Statement Association Forum

The Role Statement Association Forum was formally struck in the late spring of 1991. The forum will further the six strategic directions, outlined in the Alberta Health's Mission and Role Statement through a partnership approach. The forum hopes to promote, maintain and improve the health of Albertans.

Purpose Of Forum Is To Facilitate A High Level Of Commitment To Role Statement

The intention of this forum is to manage a high level of commitment to role statement initiatives at the provincial and local levels by:

- exchanging information regarding the progress of role statement activity in the various health sectors;
- identifying issues in role statement development that require inter-sectoral discussion and consensus;
- facilitating communication and collaboration between role statement initiatives at the provincial and local level.

The Role Statement Association Forum, chaired by the Deputy Minister of Health, Rheal Leblanc has met formally

on three occasions. At the most recent meeting on March 23, 1992 the forum began the process of transferring the responsibility of the Vision for a healthy Alberta to the major health service associations.

The Forum meets three to four times per year and is next scheduled to assemble in early fall to discuss the developments at the Multi-Sectoral level.

ROLE STATEMENT ASSOCIATION FORUM MEMBERSHIP

Rheal J. LeBlanc, Deputy Minister, Alberta Health (Chairman);
 Donald J. Philippon, Alberta Health;
 David Kelly, Alberta Health;
 Steve Petz, Alberta Health;
 Cecilie Lord, Alberta Health;
 Bernie Doyle, Alberta Health;
 Vivien Lai, Alberta Health;
 Frank Langer, Alberta Health;
 Dick Alvarez, Alberta Health;
 Dr. Robert Burns, Alberta Medical Association;
 Jean Smith, Mary Pat Skene, Alberta Association of Registered Nurses;
 Lucille Moyer, Larry Odegard, Alberta Healthcare Association;
 Roelof Heinen, Sharon Kalinka, Health Unit Association of Alberta;

Gerry Hiebert, Brent Skinner, Council of Teaching Hospitals of Alberta;
 Dr. Larry Ohlhauser, College of Physicians and Surgeons;
 Rich Bayly, Carl Bond, The Alberta Long Term Care Association;
 Evangeline McNamara, Jean Gibson, The Rural Health Care Association;
 Mary Fitzgerald, Provincial Advisory Committee on Mental Health Issues, Mental Health;
 Irene McDermott, Debbie Mauro. ■

HEALTH VISION

HEALTH VISION is produced by the Communications Branch of Alberta Health.

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Sector Updates

Health Units

As outlined in the first edition of Health Vision, health unit role statements are being developed within a larger five year project to improve the accountability relationship between Alberta Health and Health Units (Health Unit Accountability Project). Since health unit role statements will specify what health units are responsible and accountable for, the role statement process is a critical first step in the enhancement of accountability.

Aspects of Role Statements

In the last year, health units and Alberta Health have been working together to collectively develop the following aspects of role statements:

- a common role statement framework, depicted in the diagram at right;
- elements of the role statement framework that are common to all health units; and,
- visioning work on the future role of health units.

In the next six months, health units will:

- develop individual health unit role statements
- complete a generic role statement which will include the elements of a role statement common to all health units; and
- meet the Minister's expectations for developing multi-sector interim planning areas, participating in multi-

sector discussions and generating proposals for change.

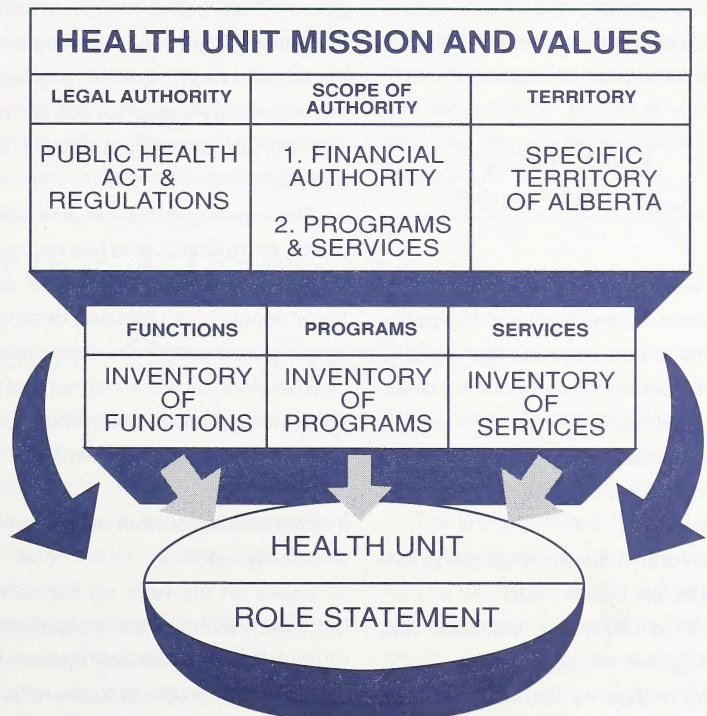
In April, the Health Unit Accountability Task Group hosted its second workshop involving health unit board members, chief executive officers, and public health division directors. This type of collective forum has proven to be invaluable in reaching consensus on the role statement process.

Resources have been developed to

help individual health units prepare their role statements. Resources include a workbook on developing role statements and a workshop for those who will be facilitating the process in their health unit.

The Health Unit Accountability Task Group welcomes any ideas or inquiries on this project. For more information, please contact Kathy Trepanier at 427-6466. ☎

HEALTH UNIT ROLE STATEMENT



Sector Updates

Mental Health

The mental health strategic planning initiative has taken on greater momentum with the official release of Future Directions for Mental Health Services in Alberta on April 2, 1992. The policy direction in this document provides for:

- increased coordination of mental health services across a continuum of care and at all levels of service delivery;
- emphasis on ambulatory and community-based care;
- service priority to identified special needs groups; and,
- the availability of basic mental health services to all Albertans.

Two Key Challenges

The primary purpose of the strategic plan is to now "flesh out" this policy statement and describe the specific actions required to carry out the directions cited above.

For the Strategic Planning Advisory Committee this translates into two key challenges:

- how to shift to a client-focused mental health system; and
- how to develop a balanced and integrated mental health system.

The Advisory Committee has agreed to establish three working groups (with work commencing in May)

to address the what, how and who questions implicit in these challenges.

The service delivery model working group will address: what services should be developed; what criteria should be established to develop programs and services; and what conditions should be met at the local/regional service delivery level to ensure a continuum of care.

The working group on organizational approaches will address: how to organize mental health service delivery in support of the mission and principles in Future Directions; and how to integrate mental health services within the broader health system, emphasizing community-based service delivery and appropriate priority to mental health services.

The working group on role statements will address: who has responsibility to provide what services to what target populations, ultimately described by role statements for the mental health clinic system, the care centres and the community agency program(s). This working group will have two key responsibilities:

1. coordinating current role statement activity; and,
2. based on the work on the service delivery model, and the organization of the service delivery system, describing appropriate future roles for the mental health service providers. In addition to reviewing the progress

of these three groups, the Advisory Committee will be working with the Regional Mental Health Planning Committees to organize nine regional forums in the fall. The intent of these forums is to solicit feedback from a broader group of mental health stakeholders on the issues being addressed by the working groups.

The immediate challenge will be for the role statement working group, who will be responsible for providing direction to mental health service providers on a format for role statement development, and ensuring that mental health clinics, care centres and community agencies, working with the Regional Mental Health Planning Committees, participate in the multi-sector role statement discussions scheduled to commence in all areas by October.

New Assistant Deputy Minister Welcomed

On another front, the Mental Health Services Division of Alberta Health welcomed a new Assistant Deputy Minister, Mr. Bernard Doyle, on May 19, 1992. Mr. Doyle will be assuming the Chairmanship of the Mental Health Strategic Planning Advisory Committee at the June 24th meeting and is fully committed to supporting the strategic planning process and its outcomes. ■

Sector Updates

Acute Care Hospitals

The Hospital Role Statement Working Committee, one of a number of working committees reporting to the Steering Committee of the Acute Care Funding Plan, last met on April 28, 1992.

Acute Care Hospitals Survey Receives Strong Response

At the meeting, discussion ensued on the submission to the multi-sector role statement coordinating committee on principles to guide the role statement process.

There was also considerable interest at the meeting to the many responses received to a survey request-

ing information on Role Statement discussion. This survey was sent to all acute care hospitals in mid-March. The respondents generally noted that there were many productive role statement discussions underway, particularly about sharing of clinical and non-clinical programs and services.

The hospitals noted that the long term care facility, health unit and mental health sectors either were presently or shortly would be involved in role statement discussions.

Respondents to the survey noted the existing strong linkages between rural and regional hospitals. They also commented upon the fact that distances between facilities were an impediment to role statement discussions, particularly in northern Alberta. In the majority of instances, they believed that there is

a reasonable degree of involvement by their physicians and boards of management in Role Statement discussions.

Interest Expressed By Committee Members

Work continues on the development of generic role statements for rural, regional and university-affiliated hospitals. There was particular interest expressed by committee members in the anticipated outcomes of a task group that was recently formed to examine alternative structures for certain rural hospitals. ■

Sector Updates

Long Term Care Facilities

The Long Term Care Facilities Sector Role Statement Working Group has been meeting on a monthly basis on Phases 1 and 2 of the project.

These phases entail gathering information on where the long term care system is at present in terms of services provided, residents served, admission and exclusion criteria, discussing interface issues with other sectors, and using this information to begin draft-

ing a discussion document on basic programs and special program principles. Special studies have been initiated on "difficult to place" clients, and the acute care/long term care facility interface.

In June and July, the Working Group will be turning its attention to the future direction of long term care facilities based on the needs of emerging client groups, what consumers' groups have

to say, and new service delivery models which may be more appropriate for long term care facility residents.

The Working Group will be meeting every two weeks to consider their vision for the future, and to pull together the information gathered in Phases 1 and 2 of the project into a draft document. This discussion paper will be disseminated widely for comment later this summer. ■

Goals for a Healthy Alberta

Healthy Albertans in a healthy Alberta: this is the vision for the future. It takes more than just stating a vision to make it come true. To make the vision a reality takes goals, objectives and strategies.

Delegates Encouraged To Increase Awareness Of Health Goals

The first phase of the project to develop Health Goals and Objectives for Alberta concluded with a Provincial Conference held in Edmonton on May 11 and 12, 1992. One hundred and sixty delegates, representing a broad spectrum of health and allied sectors, attended the Conference.

The conference helped delegates become more aware of the purpose and process of the health goals project. It also helped refine the preliminary health priorities and objectives and offered ideas for the next phases of the project. Delegates were encouraged to increase awareness of the health goals process in the planning activities of their organizations and communities.


In 1991, the Minister of Health established a Ministerial Advisory Committee to examine Health Goals and Objectives. A conceptual model was created and nine draft goals were proposed. The nine Health Goals established are outlined in the box at right.

Four working groups were established to address a major stage or phase of life — infants and children, adolescents, adults, and older adults. They then identified health priorities and preliminary objectives and strategies. Four community workshops were held to discuss progress to date and future activities. A project progress report and report of preliminary objectives were widely distributed for comment across the province.

Health Goals Will Help Focus Resources On Needs

Phase II of the project will see information collected over the course of the first year's activities collated and analyzed. Refining and confirming proposed objectives will be a priority. Interdepartmental collaboration will continue. Alberta organizations and communities will be encouraged to use provincial health goals and objectives to stimulate and guide local health planning.

The development of health goals and objectives is a critical step in the re-orientation of our health system. The health and allied sectors established a blueprint for change in the health status of Albertans, provided by a common vision of health priorities. More informed decision-making will improve our management of health policies,

programs, services and budgets, moving us towards our vision of "Healthy Albertans in a Healthy Alberta." 

The Nine Health Goals

1. Optimal Health

Physical, mental, emotional, and spiritual.

2. Coping Skills

To interact with physical and social environments in a healthy way.

3. Behaviour and Lifestyles

Those which support health.

4. Human Biology

Appreciate the potentials and realistic limitations; minimize negative predispositions to health.

5. Ecology and Physical Environment

A health ecology and physical environment.

6. Social, Economic, and Cultural Environment

Strong, supportive and healthy families and communities.

7. Health Services

Appropriate, accessible and affordable.

8. Public Policy

Incorporating a health perspective.

9. Information and Research

To facilitate effective decision-making.